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	Date of Deposit_April 26, 2001	Label Number: <u>EL834597142U</u>
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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Guy Beardsley

Guy Beardsley			
Printed name of person	mailing	corresponde	ence

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)			
Attorney Docket Number	01997/525002		
Applicant	H. Robert Horvitz et al.		
Title	CeSERT GENES, PROTE COMPOUNDS	INS, AND MODULATORY	
PRIORITY INFORMATION:			
This application claims the benefit 60/200,549, filed April 26, 2000.	of the filing date of United S	states provisional patent application	
SMALL ENTITY STATUS:			
□ Applicant claims small entity sta	tus under 37 C.F.R. § 1.27.		
APPLICATION ELEMENTS:			
Cover sheet		1 page	
Specification		51 pages	
Claims		2 pages	
Abstract		1 page	
Drawing		8 sheets	
Combined Declaration and POA, which is:  Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		2 pages	
Sequence Statement		2 pages	
Sequence Listing on Paper		11 pages	
Sequence Listing on Diskette		1 disk	
Small Entity Statement, which is:  □ A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.		0 pages	

Preliminary Amendment	0 pages	
IDS	0 pages	
Form PTO 1449	0 pages	
Cited References	0 references	
Recordation Form Cover Sheet and Assignment	0 pages	
English Translation	0 pages	
Certified Copy of Priority Document	0 pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$710	\$710	.00
Excess Claims Fee: 11-20 x \$9		\$0
Excess Independent Claims Fee: 1 - 3 x \$40		\$0
Multiple Dependent Claims Fee: \$135		\$0
Total Fees:	\$710	.00

- Enclosed is a check for \$710.00 to cover the total fees.
- □ Charge [\*\*AMOUNT\*\*] to Deposit Account No. 03-2095 to cover the total fees.
- □ The filing fee is not being paid at this time.
- Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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CUSTOMER NO:,21559

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01997.525002 Transmittal Sheet.wpd

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